FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000093823 (0)**

1. Corporation Name

AMERICAN RESORT MARKETING, INC.

Principal Place of Business	Mailing Address
3501 WEST VINE STREET SUITE 295 KISSIMMEE FL 34741 US	~~2345 SAND LAKE RD~~ ~~SUITE 100~~ ~~ORLANDO FL 32809~~

2. Principal Place of Business 21	2a. Mailing Address 26 200 South Orange Ave.	3. Date Incorporated or Qualified 12/29/1994	3a. Date of Last Report 04/27/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 2300	4. FEI Number 59-3285285	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Orlando, FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 32801-3432 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

KORSHAK, STEPHEN D
2345 SAND LAKE RD
SUITE 100
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LINDEN, DEBORAH L		1.2 NAME	
STREET ADDRESS	2345 SAND LAKE RD, SUITE 100		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	TSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRUNO, ALBERT		2.2 NAME	
STREET ADDRESS	4701 N CUMBERLAND AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NORRIDGE IL		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BEAULIEU, ROBERT		3.2 NAME	
STREET ADDRESS	5341 W BELMONT AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	
TITLE	P	X DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	~~JOYCE, PATRICK~~		4.2 NAME	
STREET ADDRESS	~~3501 WEST VINE STREET #295~~		4.3 STREET ADDRESS	
CITY-ST-ZIP	~~KISSIMMEE FL~~		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☑ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: ✓ Deborah Linden 4/10/96 407-859-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Deborah Linden